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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,595	12/11/2001	Makoto Tabata	482842000500	4248

TITLE OF INVENTION: EAR TYPE CLINICAL THERMOMETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	0	\$0	\$1400	04/19/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	٦	
VERBITSKY, GAIL KAPLAN		2859		374-121000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the na or agents (2) the na registered 2 registered	mes of up to 3 registered pate OR, alternatively, me of a single firm (having as attorney or agent) and the na ed patent attorneys or agents. I name will be printed.	ent attomeys Morriso a member a 2 mes of up to	n & Foerster LL
PLEASE NOTE: Unless	n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	pear on the patent. If an assignment.	mee is identified below, the o	
Omron Corp				-Fu, Japan ខុខ FC:ថិ	381 1400.89 DA 881 18.08 DA	
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5. Change in Entity Status	(from status indicated above	e)	·			****
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	☐ b. Applic	cant is no longer claiming SMA	ALL ENTITY status. See 37 C	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and Finterest as shown by the rec	is requested to apply the Issu Publication Fee (if required) vords of the United States Pate	ne Fee and Publica vill not be accepted ent and Trademark	tion Fee (if and from anyon Office.	ny) or to re-apply any previou e other than the applicant; a re	sly paid issue fee to the applications gistered attorney or agent; or t	ation identified above. he assignee or other party in
Authorized Signature	Nex			Date	March 31, 2006	
Typed or printed name	Wayne C. Waesc	hke Jr.		Registratio	_{n No.} 38,503	

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